

**SAMHSA-HRSA Center for Integrated Health Solutions  
Regions 6, 7, & 8 PBHCI Regional Meeting  
February 23-24, 2015**

**EVALUATION FORM**

<b>Your role in the PBHCI Grant Program:</b>
<b>Your name (optional):</b>

Use the following scale to provide us feedback about the PBHCI regional meeting:

**1=Strongly Disagree   2=Disagree   3=Neutral   4=Agree   5=Strongly Agree**

1. I've gained practical ideas from members of the meeting that will help us advance our integration project.	1	2	3	4	5
2. This meeting was very worthwhile.	1	2	3	4	5
3. I'm leaving this meeting more energized and confident about our integration project.	1	2	3	4	5
4. The Center for Integrated Health Solutions and the Learning Community are important in helping us to accomplish our project goals.	1	2	3	4	5
5. The facilitators were helpful and engaged the meeting members in dialogue.	1	2	3	4	5

**The following sessions were helpful to our integration goals:**

**1=Strongly Disagree   2=Disagree   3=Neutral   4=Agree   5=Strongly Agree**

Regional Grantee Benchmarking	1	2	3	4	5
Assessing the Current and Future Integration Landscape	1	2	3	4	5
Continuous Quality Improvement (CQI): Testing Change	1	2	3	4	5
CQI Team Action Planning	1	2	3	4	5

Impacting Behavior Change Presentation	1	2	3	4	5
Impacting Behavior Change Team Action Planning	1	2	3	4	5

### OPEN ENDED QUESTIONS

6. The most important thing I learned from this meeting is:
7. The one thing I would like to change about regional meetings is:
8. My most pressing technical assistance need is:
8. Additional comments and feedback:

**Thank you! We appreciate your feedback on how we can better meet your needs and support your PBHCI efforts.**